

**AFFIDAVIT IN SUPPORT OF APPLICATION
TO SEAL OR REDACT PERSONAL INFORMATION FROM
RECORDS OF THE COUNTY RECORDER, ASSESSOR AND TREASURER**

I, _____, make the following statements under oath:
Full Legal Name

1. I am (*check the description that applies to you*):

☐ a victim of domestic violence, as defined by A.R.S. §13-3601

☐ a victim of stalking, as defined by A.R.S. §13-2923

☐ a person protected under an order of protection or injunction against harassment

2. My residential address, phone number and other identifying numbers relating to my home are:

Street Address City State ZIP Code Phone Number

Full Legal Description Book Number and Map Number

Parcel Number

3. In support of my claim, I have attached to this affidavit a true and correct copy of
(check all that apply):

☐ findings from a court of competent jurisdiction

☐ police reports

☐ medical records

☐ child protective service records

☐ domestic violence shelter records

☐ school records

4. I believe that my life or safety, or that of my family or other persons living at my residence, is in
danger of physical harm for the following reasons:

5. Sealing of my residential mailing address and telephone number contained in the records of the
County Recorder, County Assessor and County Treasurer will serve to reduce the danger by:

_____.

6. (Optional) Immediate action is requested for the following reasons:

7. The document locator number and date of recordation of each instrument for which the affiant requests access restriction pursuant to A.R.S. §§11-483 and 11-484 are as follows. Affiant has attached a copy of pages from each instrument that show the document locator number, and either the affiant's full legal name and address or the affiant's full legal name and telephone number:

Document Locator Number	Date of Recordation
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Affiant	Date

State of Arizona)
) ss.
County of _____)

Subscribed and sworn to (or affirmed) before me on _____

My Commission expires: _____

Notary Public _____